Nebraska Epidemiology

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SEVERE ACUTE RESPIRATORY SYNDROME (SARS) INFECTION CONTROL RECOMMENDATIONS HOSPITALIZED PATIENTS

Infection Control Practitioner
Infection control practitioners (ICP) should be notified immediately of all patients admitted with suspected SARS.

Reporting
All cases of suspected SARS that meet the current case definition should be reported within one working day to the local health department.

Room Placement
Patients with suspected SARS should be isolated, ideally, in negative pressure rooms with adjoining anterooms. However, these facilities may be limited or, in some hospitals, non-existent. Several options for isolating patients with SARS are presented. Plan A or B is the best approach for a limited number of cases. Plan C may have to be implemented to accommodate a large number of patients.

Plan A: - Airborne (Negative Pressure) Isolation Room: Place the patient in a private room that has (1) monitored negative air pressure in relation to the exterior surrounding areas, (2) 6 -12 air changes per hour (ACH), and (3) appropriate venting of contaminated air to the outside. If 6 – 12 ACH cannot be achieved, place a HEPA filtration unit in the room. The windows and doors should remain closed and the patient should remain in the room.

Plan B: – No Negative Pressure Room: Place the patient in a private room, equipped with a HEPA filtration unit, if available. The windows and doors should remain closed and the patient should remain in the room.

Plan C: – Designated Nursing Unit: If the number of patients requiring hospitalization and isolation increases, consider designating a wing of a nursing unit or, preferentially, an entire nursing unit. Infection control practitioners should develop a plan consistent with the structure of the hospital and the ability to effectively isolate infected patients from non-infected patients.

Visitors
Visitors should be limited to the immediate family or significant others. If this is not an option, visitors who do not have symptoms of SARS should be instructed to wear personal protective equipment including a surgical mask over their nose and mouth when entering the room of a SARS patient. Close contacts (e.g., family members) of SARS patients with either fever or respiratory symptoms should be instructed not to visit patients with SARS. A system for screening SARS visitors for fever or respiratory symptoms should be developed and implemented. Hospitals should educate visitors about infection control procedures when visiting patients with SARS.

Hospital Discharge
Decisions regarding discharge and follow-up for patients with suspected SARS should be made on a case-by-case basis, in consultation with local health departments.

Healthcare Worker Exposure
Healthcare workers (HCW) who have unprotected (N-95 or higher respirator) direct contact with a SARS patient should report the exposure to infection control or employee health as soon as possible (before or, at the latest. the end of the shift on the exposure day). The HCW should complete a screening (see Healthcare Worker Screening) form and be instructed to monitor their temperature in the morning and in the evening for at least 10 days. If a fever or cough develops, the HCW should be instructed to seek medical evaluation immediately.

Personal Protective Equipment (PPE)
Respirators: Disposable, NIOSH-approved, fit-tested N-95 respirators should be worn when entering the room and removed after leaving the room. If patients cannot be placed in negative pressure or HEPA filtered rooms, N-95 respirators should be worn at all times when entering a designated SARS unit.

Facial Shields or Eye Protectors: Face shields or eye protectors with side shields should be worn when entering the room.

Gowns: Disposable gowns or coveralls should be worn when entering the room if substantial contact with the patient or environmental surfaces is anticipated.

Gloves: Disposable gloves should be worn when entering the room.

Dietary Trays and Eating and Drinking Utensils: Disposable dietary trays and eating and drinking utensils are not recommended.

Handwashing
Hands should be washed with soap (antimicrobial or plain) and water after unprotected (ungloved) contact with visible blood, body fluids (respiratory and nasal secretions, excretions, wound drainage and skin visibly soiled with blood and body fluids). If hands are not visibly soiled, an alcohol-based hand rub can be used to decontaminate hands after patient contact. After handwashing or hand decontamination, avoid touching the patient and surfaces or items in the immediate vicinity of the patient (bed rails, bedside tables).

Transporting Patients
Patients should not be transported to other areas of the hospital unless absolutely necessary. If patients must be transported, place a surgical mask over patient's nose and mouth, if tolerated. If an elevator is used to transport patients, all occupants should wear N-95 respirators.

Laboratory Specimens
Specimens should be placed in zip-lock bags that are tightly sealed and properly labeled.

Patient Care Equipment
Patient care equipment (e.g., thermometers, blood pressure cuffs, stethoscopes and commodes) should be kept in the patient's room. Use disposable equipment whenever possible. Reusable equipment should be placed in an appropriately labeled container, sealed and transported to central service for reprocessing.

Environmental Services
Daily Cleaning: environmental surfaces in the patient's room and bathroom should be cleaned and disinfected with a properly diluted Environmental Protection Agency (EPA) approved disinfectant such as a quaternary ammonium or phenolic compound according to hospital policy.

Terminal Cleaning: rooms should be cleaned and disinfected according to standard hospital policy.

Soiled Linen
Soiled Linen should be handled according to standard hospital policy.

Biohazard Waste
Disposable items removed from the patient's room should be handled according to standard hospital policy.